## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Values are Vital	C C00552422
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Axiom Strategies, LLC	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address 1251 NW Briarcliff Parkway	Amount
Suite 85  City State Zip Code	14967.50
Kansas City MO 64116	Transaction ID : SE.4279 Date of Disbursement or Obligation
Purpose of Expenditure Mailer  Category/ Type  004	04 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: X House District: 19
LIZBETH BENACQUISTO Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Dist 2016	bursement For: Primary General
Full Name of Payee	Other (specify) Special-Primary
Axiom Strategies, LLC	Date of Public Distribution/Dissemination
Mailing Address 1251 NW Briarcliff Parkway	
Suite 85	Amount
City State Zip Code	14967.50
Kansas City MO 64116	Transaction ID : SE.4280  Date of Disbursement or Obligation
Purpose of Expenditure Mailer  Category/ Type  004	04 / 01 / 2014
	ice Sought:
CURTIS J CLAWSON Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Disl 201	bursement For: Primary General  Other (specify) Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures	29935.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
24.0	04 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	LIVI EXI LIVE			PAGE 2 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Values are Vital				C C00552422		
			M	M / D D / Y Y Y Y		
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on			
Full Name of Payee Axiom Strategies, LLC				f Public Distribution/Dissemination		
Mailing Address 1251 NW Briarcliff Parkway						
Suite 85			Amour	nt .		
City	State Zip Code			1184.00		
Kansas City	MO 64116			Transaction ID : SE.4281 Date of Disbursement or Obligation		
Purpose of Expenditure Phone Calls		Category/ Type 005		04 01 2014		
Name of Federal Candidate		Support	Office Sought	: X House District: 19		
PAIGE VANIER Vanier KREEGEL		Oppose	Preside			
Calendar Year-To-Date		225072.44	Disbursement	For: Primary General		
Per Election for Office Sought		335073.14	2014 X Ot	her (specify) ▶ Special-Primary		
Full Name of Payee  Jamestown Associates			Date of	of Public Distribution/Dissemination		
			M	M / D D / Y Y Y Y		
Mailing Address 5 Mapleton Road			Amour	nt		
Suite 300		7: 0 !		0405.00		
City Princeton	State NJ	Zip Code 08540		9125.00  ction ID : SE.4277  of Disbursement or Obligation		
Purpose of Expenditure TV Buy		Category/ Type 004	М	04 01 2014		
Name of Federal Candidate		Support	Office Sough	t: X House District: 19		
CURTIS J CLAWSON		Oppose	Preside			
Calendar Year-To-Date Per Election for Office Sought		832139.14	Disbursement 2014	t For: ☐ Primary ☐ General cher (specify) ► Special-Primary		
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	10309.00		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •			
(c) TOTAL Independent Expenditures			•	7 1 7 1 7		
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized					
Ronald M Firman	[Electron	ically Filed] Date	04	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature						

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Values are Vital	C C00552422			
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y			
Full Name of Payee  Jamestown Associates	Date of Public Distribution/Dissemination			
Mailing Address 5 Mapleton Road				
Suite 300	Amount			
City State Zip Code	1750.00			
Princeton NJ 08540	Transaction ID : SE.4278  Date of Disbursement or Obligation			
Purpose of Expenditure Radio Buy  Category/ Type  004	04 / 01 / 2014			
Name of Federal Candidate Support Office	e Sought: X House District: 19			
CURTIS J CLAWSON Oppose	President Senate State: FL			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For:  Primary  General  General  Special-Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M M / D D / Y Y Y Y			
Mailing Address	Amount			
City State Zip Code				
Purpose of Expenditure	Date of Disbursement or Obligation			
Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	e Sought: House District:			
Oppose	President Senate State:			
odicinal roam of parts	ursement For: Primary General			
Per Election for Office Sought	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	1750.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	41994.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	03 2014			
Signature				